the choroid plexuses cloudy, and probably enlarged. This condition of the membranes extended down over the pons: but the spinal meninges did not appear diseased.

The tumour in the back was found to consist of the thickened skin inclosing the sac of a spina bifida. The deficiency was seated along the spinous processes of the ninth and tenth dorsal vertebræ; and was about two and a half inches long by half an inch in width.

The dura mater of the cord was continuous over the sac, and adherent to the bone at the point of deficiency. The spinal cord was apparently quite normal, none of its fibres entering the sac of the spina bifida.

*Intra-Capsular Fracture.*—Dr. H. ALLEN presented the following specimen, accompanied with a brief history.

Mrs. ——, aged 70, suffering from chronic softening of the brain, fell from a lounge to the floor, and received a simple transverse fracture through the neck of the left femur within the capsule. The usual symptoms were manifested; the patient complained of no pain except when interrogated; death ensued on the third day after accident.

An autopsy was held within twenty-four hours after death; no detailed notes upon the condition of brain and arteries have been preserved. The upper third of the affected femur was removed, and the specimen presented to the Wistar and Horner Museum, by Prof. Francis G. Smith, who had charge of the case; it there came under the notice of Dr. A.

The fracture was immediately beneath the head, nearly transverse, without comminution beyond the detachment of a small thin fragment about the size of a half dime, from the posterior wall of the neck. The neck measured three and a half centimetres in length; the angle of the head and neck to the shaft was not perceptibly changed. Upon opening the detached fragment and shaft longitudinally, the interior was found much congested at the neck, portion of the head, and downward along the shaft to the extent of four centimetres. This was more conspicuous along the inferior and inner edge than elsewhere; that in the region of the great trochanter being healthy. At the seat of fracture, the cancellated structure was filled with clotted blood of a black colour, and extended in the shaft from the fractured surface, downward and outward to the extent of two centimetres. In the head, two similar clots were found near the superior and inferior borders. The bone around these clots was more deeply reddened than elsewhere. A fourth small clot was seen beneath the medullary membrane, upon the inner wall of the cavity, at the lower end of the congested area four centimetres below the neck of the bone. These clots with the exception of the last, were thought to have been derived from the blood soaking into the cancelli, from the ruptured vessels about the seat of lesion; the smaller inferior clot was probably obtained from a minute endosteal hemorrhage. Their presence was interesting as suggesting one of the causes of non-union in these fractures. In the head and neck of the aged femur, when the parts possess a tendency to absorption, such clots, owing to deficient number or want of activity in neighbouring vessels, might act as mechanical obstacles to resist efforts at repair.

*Extensive Epithelioma of Stomach, without Distinctive Symptoms during Life.*—Dr. PACKARD exhibited a stomach, with a portion of the duodenum, pancreas, and liver; close to the pyloric orifice of the stomach was a very large, somewhat earshaped, flattened and lobulated ulcer, of epitheliomatous appearance. The head of the pancreas was not involved in the disease; the liver was obviously fatty.

The history of the case was as follows: Mrs. W. C., æt. 60, had been sick since early in June, 1866. I was called to see her on June 23; she was then suffering from oppression, loss of appetite, general weakness, and distension of the abdomen. Her pulse was feeble and intermittent; her urine somewhat scanty, but not otherwise abnormal. She was taking some purgative pills occasionally, with great relief. She had always been of active habits, although not of robust frame; had had twelve or fifteen children, three of whom only had lived beyond infancy.

I gave her iron and digitalis, and subsequently nux vomica and gentian, together with nourishing diet. She suffered much from flatulence, and took essence of ginger, and afterwards gin, with benefit. Occasional attacks of dyspnœa were controlled by Hoffmann's anodyne. From first to last she had neither vomiting, fixed pain, nor tenderness of the epigastrium, nor did the use of food, or of the pungent articles above mentioned, produce any uneasiness. Blood was never passed by her at stool, to my knowledge; although possibly the blackness of the discharges, attributed by me to the iron she was taking, was partly due to the former cause.

Late in the summer her husband had a dysenteric attack of some severity, and the fatigue of waiting upon and nursing him aggravated her own symptoms. Œdema of the lower limbs, which had appeared from time to time, became persistent and troublesome, and gradually passed into general anasarca. Her urine was full of uric acid and oxalate of lime; nevertheless, she seemed better and more cheerful. On Sunday, Nov. 11, she sat up for several hours, and got rather tired. As her husband was helping her back into bed, her head fell forwards, and she died in a few moments, obviously from failure of the power of the muscular fibres of the heart.

*Autopsy twenty-four hours after death.*—Mr. W. Müller, of the Pennsylvania Hospital, kindly assisted me. Body quite flaccid; muscles fatty; a good deal of fat in all the tissues.

Heart very fatty; full of soft dark clots; its own veins in a markedly varicose state.

Stomach greatly distended with flatus, but healthy, with the exception of the enormous epitheliomatous growth already spoken of. Gall-bladder full of gas. All the abdominal tissues were in a singularly emphysematous condition.

The other viscera seemed healthy, except that the liver and kidneys were in a state of advanced fatty change. The specimen was referred to a committee.

*Nov. 28. Examination of tumour.*—Report by Drs. EDW. RHOADS, H. ALLEN, and WM. PEPPER:—

*Internal surface* was flat, elliptical, and measured five inches in length, three inches three lines in width. It was situated at the pyloric extremity of the organ, with its long axis in the line of its circumference, and its lower edge impinging upon the posterior and inferior edge of the pylorus. It was defined by a conspicuously everted lip three lines high, though somewhat thicker and higher at its lower anterior edge. The mucous membrane on the growth was smooth, glistening, and presented a mottled appearance, varying from the dull grayish hue of the healthy membrane to the blackish-brown tinge of capillary oozing. An irregular circular area, one inch in diameter, was seen at the postero-inferior part, which was surrounded by a uniform elevation of the mucous membrane, and corresponded to a preternatural thinning of the walls. Its surface presented several elevations of about the size of a mustard seed. Elsewhere the tumour was even, of uniform thickness save at its superior portion, where several doughy bossillations attained a thickness of one half an inch.

*External surface*, a number of irregular elevations were met with resembling enlarged lymphatic glands.

The stomach elsewhere was normal.

*Examination of gastric growth, &c. Liver.*—Cells contained abundant oil drops, their nuclei were for most part obscured. There was also a considerable amount of free oil in globules and granules.

*Kidney.*—Malpighian bodies were granular; tubules were cloudy and opaque, and contained granular fatty matter.

*Stomach.*—By scraping the surface of the healthy mucous membrane, a field was obtained, showing very numerous epithelial cells, granular and slightly fatty, and mixed with some free oil globules.

When the surface of the morbid growth was scraped in the same way, the cells obtained altogether resembled those from healthy portions of the mucous membrane: if any difference was noticed, it was that the former were slightly smaller. Upon cutting into one of the nodular masses of the growth from its peritoneal surface; the section presented much the appearance of a hypertrophied lymphatic gland, the tissue being firm and of a pinkish flesh colour. By scraping this surface, a whitish juice was pressed out, which was composed exclusively of rounded cells, quite uniform in size, being rather larger than pus-corpuscles: highly granular and generally showing a nucleus indistinctly through the cell contents. Upon addition of acetic acid, however, these cells cleared up markedly, and disclosed one or two nuclei, but in no instance was a trefoil arrangement of nuclei present. In some of the cells, the nucleus was unusually large in proportion to the containing cell.

A section of this portion showed an entire absence of fibrous stroma; the cells composing the tissue being partly of the character last described, and partly cells of a much larger size, with rather faint outlines and nebulous, minutely granular contents; containing one, or in a few cases, two, large clear nuclei, frequently with one small nucleolus. Sections of the morbid growth in other portions showed the same elements. In no place was any appearance of the glandules of the stomach noticed.

This new tissue was invested by the peritoneum externally, which was not abnormally adherent, nor at all thickened or opaque, and internally by the mucous membrane, which was perhaps thinned, but did not appear otherwise abnormal.

A consideration of the histological elements of this specimen, especially when viewed in conjunction with the age of the patient and the clinical history of the case, appear to your Committee to warrant the conclusion that we have here true adventitious tissue of a more or less malignant nature; and which, from its anatomical relations, was quite probably developed in connection with the gastric glands.